

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

10/533,645
10/533,645

10/533,645

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
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TOTAL IND.	1		1			1		1			1				
TOTAL DEP.	32		1			1		1			1				
TOTAL CLASRS	33		1			1		1			1				

Best Available Copy